

ACKNOWLEDGEMENT FORM

I acknowledge receipt of a copy of the NISB HR Policy Manual. I confirm that I have read and fully understood, having been given the opportunity to seek necessary clarifications thereto and hereby accept the contents of this Policy Manual.

I pledge to willingly abide by all the Rules and Regulations contained herein as may be amended from time to time.

NAME ODOH UKAMAKA PRISCILLIA

DESIGNATION/RANK SENIOR SAFETY & SECURITY OFFICER / GLIO

DEPARTMENT SAFETY & SECURITY DEPARTMENT

STAFF NUMBER: NSIB/P.191

SIGNATURE/DATE: O.P.U